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COVER LETTER

,	COVER LETTER
TO: Registration Se Division of Cor	
SZ ESSEN	TIALS LLC
SUBJECT:	Name of Limited Liability Company
The enclosed Articles of	Amendment and feets) are submitted for filing.
	ndence concerning this matter to the following:
	JAVIER SZTABZYB
	Name of Person
	SZ ESSENTIALS LLC
	Firm/Company
	1055 NE 204TH TERRACE
	Address
	NORTH MIAMI BEACH, FL 33179
	City/State and Zip Code
	IAVI@ SZSTUDIOS.NET E-mail addiess (to be used for future annual report notification)
For further information co	oncerning this matter, please call:
JAVIER SZTABZYB	780 277-8760
Name o	at (
Enclosed is a check for th	e following amount:
₩ \$25.00 Filing Fee	□ \$30,00 Filing Fee & □ \$55,00 Filing Fee & □ \$60,00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) □ \$60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration 5 Division of C P.O. Box 632 Tallahassee, I	Registration Section Orporations Division of Corporations The Centre of Tallahassee
NOTE:	PLEASE CHANGE THE NAME OF MY LLC FROM SENTIALS LLC TO SZTAR LLC
S2 E5	SENTIALS LLC TO SZTAR LLC
	Frankfor So Much!
	Spysen Szerneszys

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SZ ESSENTIALS LLC

(<u>Name of the Limited Liabilit</u> (A Florida	S Company as it now appears on our records.) 27 / D: 55
The Articles of Organization for this Limited Liability Co Florida document number 1.20000014686	ompany were filed on 01/08/2020 and assigned
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limi</u>	ted liability company here:
SZTAR LLC	
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation "LLC" or the abbreviation "LLLC."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDR	ESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BON)	
B. If amending the registered agent and/or registered agent and/or the new registered office address here: Name of New Registered Agent:	office address on our records, <u>enter the name of the new registere</u>
	
New Registered Office Address:	Enter Florida street address
	P1 - 14
New Registered Agent's Signature, if changing Registered	LAgent:
provisions of all statutes relative to the proper and co accept the obligations of my position as registered ag	ind agree to act in this capacity. I further agree to comply with the implete performance of my duties, and I am familiar with and gent as provided for in Chapter 605, F.S. Or, if this document is d office address, I hereby confirm that the limited liability
	If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person-being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
~		-11	□Add
			□Remove
			□Change
			□Remove
			□Add
			□Remove
			☐Change
		••••	□Add
			Remove
			□ Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			□ Change

	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
<u>Note:</u> 11	date, if other than the date of filing:
ne record s ord is filed	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	
	Nignature of a member or authorized representative of a member
	JAVIER SZTABZYB
	Typed or printed name of signee

Filing Fee: \$25.00